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THE MEDICAL ASPECTS OF EMERGENCY PREPAREDNESS

(Not an official record or press release. This summary is made available to NGO representatives for their information and free dissemination).

On 4 April 1991, in observance of World Health Day on 7 April, Dr. Claude de Ville, Chief of the Emergency Preparedness and Disaster Relief World Health Organization's Regional Office for the Americas, briefed NGO representatives on the medical aspects of emergency preparedness.

Mr. de Ville began by noting that disaster preparedness is becoming increasingly important and that he would like to see much more done in this field, and with more involvement of NGOs. He presented the philosophy and programme of WHO and outlined how WHO responds in cases of acute disasters. He said that WHO is more involved in the field of disaster preparedness than in prevention of disasters. WHO programmes also aim at minimization of the consequences of disasters.

Mr. de Ville said that the emergency preparedness programme of WHO covers both natural and technological disasters, with special attention to the needs of poor countries. He stressed that emergency preparedness first and foremost requires political motivation. More important than the actual funding are prevention and preparedness programmes initiated by governments against both human-made and natural catastrophies. The end result should not be the publication of a disaster plan but rather a state of preparedness and readiness of health services to respond to a possible disaster.

WHO responds to national priorities as expressed by governments: (1) training of human resources through providing education material and guidelines for health services and the population, and (2) technical preparedness of hospitals. Governments may require a diagnosis of the health situation from WHO. WHO assists refugees and displaced persons, who often need to be given the highest priority after a disaster.

WHO encourages national ministries of health to establish a permanent and stable capacity of response to disasters. WHO also calls for ongoing training and strengthening of other relevant ministries, health services, and NGO personnel.

As disasters are both a national and a global issue, WHO facilitates formal bilateral agreements for assistance across borders in emergency cases. WHO also works to establish more collaboration centres in its efforts to provide necessary support for the work of the organization.

An important part of the work of WHO is to assist hospitals in preparation of emergencies requiring action both internally and in the field. Tasks include: to identify vulnerabilities and to develop emergency plans and a worst case management capacity preparing for any kind of massive accident.

According to Mr. de Ville, the training of human resources consists of two strategies; the cornerstone being the preparation and dissemination of WHO technical documents (free of charge) on various topics. This is followed by a series of courses and workshops, of which WHO is organizing up to 200 every year in the American region alone. WHO also lobbies and promotes the inclusion of disaster preparedness into the formal academic curriculum of health-related teaching institutions. Although a very long-reaching activity, such a curriculum has already been adopted by some medical schools. He pointed out that health care is much broader than medical care, as it includes matters such as the environment, water supplies, nutrition, mental health and reconstruction of the infrastructure.

WHO also promotes better implementation of preparedness into national disaster plans to safeguard against technological catastrophies, like those which occurred at Bhopal (India), or at Chernobyl (USSR). According to Mr. de Ville, contingency plans for such disasters are either insufficient or do not yet exist in many developing countries.

Emergency response is divided into three stages, Mr. de Ville said: immediate response, rehabilitation, and reconstruction. In any emergency, United Nations and other multilateral aid serve primarily as a supplement to national relief and assistance. WHO and UNDRO are concerned with proper assessment of needs following a disaster in order to provide tailor-made help. This is an effort to prevent aid from being counterproductive, as well as to maximize the output: the right stuff in the right place at the right time. Despite it being a difficult task, WHO sends observers and video crews into disaster areas in order to draw lessons from the operations.

Mr. de Ville concluded by stressing that WHO's aim is to cut the emergency cycle and thus alleviate the situation following a catastrophe.